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Community social identity as a health protective factor for immigrant people

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1. Introduction

This study aims at determining if community social identity is able to predict vital satisfaction and to act as a health protective factor. The academic literature shows that studies in the fields of Community Psychology and Group Psychology have reached the same conclusion: belonging to and identifying with a group has an impact on health. However, there is very few literature devoted to the analysis of this relationship in the population having experienced migration. At the same time, when the studies are reviewed, there seems to be little communication between those engaged in these two lines of work, as contributions made from the perspective of Community are not compared with those made from that of Social Identity. Therefore, this study opts for an integrative perspective that makes possible progress towards a political/social viewpoint. Specifically, it is sought to understand the relationship between identification with the neighbourhood in which one lives (what has been called "community social identity") and the mental health of Malaga's immigrant population, a model being proposed in which the relationship between health and identity is mediated by life satisfaction.

2. Method

Sample

Employing a survey methodology, 1,131 immigrant citizens residing in Malaga (Spain) were interviewed, with the sample stratified by gender and continent. Those carrying out the surveys were to collect data from immigrants hailing from Latin America, Africa, Europe and Asia. Of the total sample, 47.10% were men and 52.90% were women, with a mean age of 32.26 (SD = 11.84). 24.20% of the sample was from Africa, 23.70% from Europe, 27.40% from Latin America and 24.70% from Asia. In response to the question regarding how long the respondents had resided in Malaga, 36% indicated 0 to 5 years; 31.29%, between 6 and 10 years; 21.59%, between 11 and 15 years; and 11.12% had lived in this city for more than 16 years. The mean number of years of residence was 8.71 years (SD = 6.44).

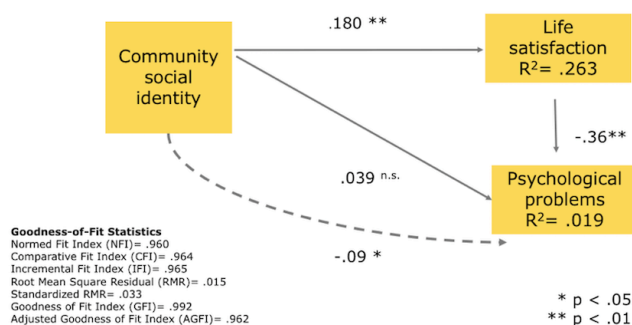
Materials

Community social identity was measured using eight items extracted from the SCI-2 Sense of Community Index (Chavis, Lee & Acosta, 2008). A factor analysis showed that a single factor accounted for 41.09% of the variance, the reliability being 0.84. Empowerment was calculated through a set of six items taken from the CD-RISC resilience scale created by Serrano-Parra, Garrido-Abejara, Notario-Pacheco, Bartolomé-Gutierrez, Solera-Martínez and Martínez-Vizcaino (2012). Factor analysis illustrated that a single factor accounted for 52.21% of the variance, with the reliability being 0.87. The Satisfaction with Life Scale, SWLS, (Pavot and Diener, 1993) was fully applied, and presented an alpha of 0.87. Finally, the Spanish version of the General Health Questionnaire (GHQ-12) by Goldberg (Villa, Crammily & Restrepo, 2013) was used to assess mental health, with its reliability being 0.81. All the scales feature a Likert-type response format.

Procedure

Each survey taker was provided questionnaires translated into different languages (through translation and retranslation). They were given the gender and continent quotas that they were to meet, and the instrument was explained to them so that they were familiar with it. The questionnaires were completed individually, although the interviewer clarified any questions that the respondent asked. People participated in the study on a voluntary basis and their anonymity was guaranteed.

3. Results



As can be seen in the model, community social identity predicts life satisfaction amongst immigrants. It also has a major effect on health, as long as life satisfaction is high. It is important to note the direct relationship between life satisfaction and health protection, an outcome already found in previous studies.

Thus, immigrants who identify more with the neighbourhoods in which they reside are more satisfied. Likewise, they suffer fewer health problems if, addition to identifying with their community, they feel satisfied.

The fact that people with more community social identity actually could present more health problems (n.s) warrants special consideration.

4. Conclusions

As shown in the presentation of results, the data support the proposed model, although in future analyses it will be necessary to study the differences according to nationality, age, duration of residence in the city, as well as identification with their communities of origin. Likewise, in future studies it will be necessary to continue employing a comprehensive psychosocial perspective that makes it possible to understand group relationships at the community level, in order to be able to implement policies that improve quality of life and coexistence.